

State of Alabama Department of Corrections

Alabama Criminal Justice Center 301 South Ripley Street P. O. Box 301501 Montgomery, AL 36130-1501 (334) 353-3883



May 2, 2016

TO: WARDENS

CHANGE #3

DIVISION DIRECTORS

ADMINISTRATIVE REGULATION 601

HEADS OF STATE AGENCIES

ADMINISTRATIVE REGULATION MONITORS

MENTAL HEALTH FORMS AND DISPOSITION

PURPOSE: To update forms and annexes to reflect current practices.

CHANGES TO BE MADE:

Reference:

Action Required:

AR 601, Mental Health Forms and Disposition, dated March 1, 2006.

VII. Forms, Annex A, Index of Mental Health Forms Replace ADOC Form MH-013, *Mental Health Code Input*, dated November 14, 2005, with revised ADOC Form MH-013, *Mental Health Code Input* dated April 2016.

Replace ADOC Form MH-013A, *Mental Health Classification Notification*, dated October 2015 with revised ADOC Form MH-013A, *Mental Health Classification Notification* dated April 2016.

Replace ADOC Form MH-014, *Psychological Evaluation Update*, dated November 2015 with revised ADOC Form MH-014, *Psychological Evaluation Update* dated April 2016.

Replace ADOC Form MH-015, *Psychological Evaluation*, dated November 2015 with Revised ADOC Form MH-15, *Psychological Evaluation*, dated April 2016.

Replace ADOC Form MH-018, *Psychiatric Evaluation*, dated November 2015 with Revised ADOC Form MH-018, *Psychiatric Evaluation* dated April 2016.

File this numbered change at the back of the regulation after annotating both the index and the regulation to indicate changes have been completed.

Advise all personnel in your organization of the change to this regulation.

Commissioner

ALABAMA DEPARTMENT OF CORRECTIONS MENTAL HEALTH SERVICES

Date Evaluations Completed:	-			-		Da	te Inp	ut Si	ıbmit	ted:	***************************************				-
Inmate Name	AIS#	Staff Completing Evaluation					ME	STAL.	HEAL	тнс	ODE		in and in		
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			0	1	la	lb	lc	2	2d	3	3a	4	5	6	9
Mental Health Classifications - S															
MH-0: May transfer anywhere i						***************************************		Normations				-			
MH-1: Clear to transfer to and v											***************************************				
MH-la: Clear to transfer to an Al													itution	1	
MH-lb: Clear to transfer to an A							-		-			1			
MH-1c: Clear to transfer to and v	vithin and AD	OC operated?	Major	instit	ution v	rith a 2	4/7 be	alth c	ure um	it on-	site.				
MH-2: Clear to transfer to and v	vithin and AD	OC operated i	nstitu	tion 1	vith a 2	4/7 he	alth car	e uni	t on-si	to.					
MH-2 d: Currently on involuntary	medication.	Major instituti	on w	th 24	/7 heal	th care	unit or	ı-sitə		***					-
MH-3: House in ADOC Reside	ntial Treatme	nt Unit, Open	donn;	RIU	lerre s	3 and	1 .								
MH-3a: House in ADOC Reside	ntial Treatmen	nt Unit, Closed	dom	r, RT	Ulave	s I and	12.	************	*****		*****				
MH-4: House in ADOC Resides	ntial Treatmen	nt Unit, Closed	dom	1											
MH-5: House in Intensive Psych	natric Stabilis	ration Unit (M	alos:	inllo	k CSU	; Femi	los: Ti	ituale	r CSU).					
MH-6: House in Intensive Stabi	ization Unit	or Free-World	Hosp	ital Se	avices	,		***************************************		***************************************	***************************************			***************************************	
MH-9: Mental Health Hold invo	ked; Do not tr	ansfer from ho	nsing	assig	mment			Water word		***************************************				-	

Staff Completing Data Input:	Date:
Disposition: Contract Mental Health Clerk or designee	Reference: ADOC AR: 613, 615 ADOC Form MH-013 April, 2016

Page___of___

Alabama Department of Corrections Office of Health Services



Classification Notification Form Mental Health Code

Institution:				Date:
Inmate Name:				AIS#:
Code to be entered (circle):	MH-0			
	MH-1,	MH-1(a),	MH-1(b),	MH-1(c)
	MH-2,	MH-2(d)		
	MH-3,	MH-3(a)		
	MH-4			
	MH-5			
	MH-6			
	MH-9			
* Update the code on the Ma * Give this completed form t			rk.	
Provider Signature				Date
Mental Health Clerk:				••••••
*Enter code into ADOC com *Give this Notification Form			sification Supe	ervisor.
Mental Health Clerk Signatu	re			Date
Disposition: Classification Superv				rence: ADOC AR 613

Revised: 04/2016

STATE OF ALABAMA DEPARTMENT OF CORRECTIONS MENTAL HEALTH SERVICES

PSYCHOLOGICAL EVALUATION UPDATE

Name				A	IS#					RS:		
Date://						-	Age)				
This immate was last evaluated by	ADOC	osvchol	ogy sta	ff men	bar							OIL.
					-							***************************************
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			***************************************		***************************************	***************************************		***************************************			***************************************	***************************************
			***************************************			MATERIAL STREET						
							-				-	***************************************
The following observations and re	- Kolain naten	dations	Mo ma	de as a	rosul	t of the	cure	ent inter	viow:			
Mental Health Code:										5.	6.	9
	-, -,		,		-,		-,		- 9	- 9	- 9	
L Educational Needsa. ABEb	o. Special	Educa	tion		C.	Trade	Scho	ol		d. Jr	unior (College
e. Life Skills												
II. Mental Health Needs												
a. Refer to psychiatrist		€.	. Ѕенца	adjust	nent				Self-o	oncept	cahan	omeni
b. Substance abuse counseling			Reality	therap	y .				Heald	ly use	of leim	re
e. Depression		8	, Anger	-induce	d actir	ig out		k	Реги	nal des	velopen	cni
d. Stress management		h	L Value	s clarifi	cation							
Date referred to psychiatrist:	/											
III. RECOMMENDATIONS	S/REMA	ARKS:	: (inclu	de acc	omm	odatie	ms ne	eded fi	or the	vister	L hea	ring
												2
impaired and other disabilities	·	- continue de cont								repurs silver algebrounds and		nodern e lesperi go res
		***************************************								-		-
			***************************************	***************************************	-							-
***************************************			***************************************		-						*****************	-
											-	
Evaluation Completed by:								_Date:				
	Psycho	logist/I	Psychol	ogical.	Assoc	iate						
Disposition: Data Entry to Centra	l Records	, Institu	utional	Innute	File,							12, 613
Inmate Medical Record							AL	OC For				1, 2016 -259A)
								(2	TAATIO	anay av	TA THE TA	40000

STATE OF ALABAMA DEPARTMENT OF CORRECTIONS MENTAL HEALTH SERVICES

PSYCHOLOGICAL EVALUATION

Name:	AIS#:	R/S:
Date: / / Date of Birth: / /	Age:	
Beta III: WAIS: / /	WRAT-RL:	-
Last School Grade Completed: Special Ed	hacation Classes: TYes TNo Type:	
MMPI Welsh Code:		
Mental Health Code: 0, 1, 1a, 1b,		6, 9
General Appearance a. Neat and generally appropriate b. Poorly groomed Other:	c. Flat or avoiding interaction d. Sad or worried	
I. Interpersonal Functioning a. Normal-good relationships likely b. Withdrawn/apparent loner c. Likely to ignore rights/needs d. Lacks skill or confidence e. Probably difficult to get along with	f. Other: 1. Exploitive/manipulative 2. Weak/vulnerable 3. Passive/unassertive 4. Aggressive/Dominant 5. Retaliates 6.	
II. Personality a Healthy b. Antisocial c. Paranoid d. Explosive e. Dependent f. Passive-Aggressive III. Substance Abuse a. Alcohol addiction/abuse history:	g. Other: 1. Schizoid 7. Co 2. Schizotypal 8. At 3. Histrionic 9. 4. Narcissistic 5. Borderline 6. Avoidant	ypical/mix
b. Drug addiction/abuse history:		

Disposition: Data Entry to Central Records, Inmate Medical Record, Institutional Inmate File

Reference: ADOC AR. 612, 613 ADOC Form MH-015 – April, 2016 (Previously Form N-259) Page 1 of 4

PSYCHOLOGICAL EVALUATION (Continued)

		Inmate Name:	
***************************************	c.	Current or most recent use:	
-	d	. Current Addictions:	
IV. Em	1 2 3 4	Other: In remission 6 months or less In remission more than one year In remission more than one year In remission more than one year In remission only due to incarceration Sometimes of the contract of	enies dependency ohol induced
(60000000000000000000000000000000000000	Ь.	Depressed	
***************************************	c	Anxious or stressful	
	đ.	Angry or resentful	
SWANDARD WAY SHEET			
(SAMMARIONO) CONTROL C	€.	Confusion or psychotic symptoms	
100000000000000000000000000000000000000	f.	Mood disturbances	
	g.	Sexual maladjustment	
-	h.	History of sex offenses? Yes No List: Paranoid ideation	
	í.	Sleep/appetite disorder	
	j.	Other:	
	1	Symptoms of Hypochondria4. Overtly psychotic	7. Behavior disorder
-	2	2. Hyperactivity 5. Psychosis in remission	8. Senile/demented
	3	Violent/uncontrolled6. Personality disorder	9. Other
Disposition Institution		sta Entry to Central Records, Inmate Medical Record, mate File	Reference: ADOC AR: 612, 613 ADOC Form MH-015 - April, 2016

ADOC Form MH-015 - April, 2016 (Previously Form N-259) Page 2 of 4

PSYCHOLOGICAL EVALUATION (Continued)

Name:
V. Mental Deficiency
Mild (50-70) Borderline (70-80)
Moderate (35-50) Organic impairment suspected
Severe (20-35) Memory Deficit
Remarks:
Emotional response to incarceration:
VI. Mental Health
_a. Outpatient treatment (dates/where)
b. Inpatient treatment (dates/where)
c. Psychotropic medication (type/effectiveness)
d. Family history of mental illness
d. Falliny mixtry of intental fillers
VII. Management Problems
a. Suicide potential Ideation Yes No Plans? Yes No
History of attempt/gestures
b. Serious mental illness (specify)
a Investigation and behaviors and interest
c. Impulsive/acting out behaviors predicted
d. Authority Conflict
Manipulative/untrustworthy
f. Easily victimized

Disposition: Data Entry to Central Records, Inmate Medical Record, Institutional Inmate File

Reference: ADOC AR: 612, 613 ADOC Form MH-015 – April, 2016 (Previously Form N-259) Page 3 of 4

PSYCHOLOGICAL EVALUATION (Continued)

		sychologist/Psychological A	
Evaluat	ion Completed by:		Date:
-			
			r me visuui, neuroig mysiireu use
Recomm	_		r the visual, hearing impaired and
***************************************	d. Stress management	h. Values clarification	k. Personal Development l. other
-	b. Substance abuse counseling		j. Healthy use of leisure time
			i Self-concept enhancement
LX. Me	ntal Health Needs		
	e. Life Skills		
		pecial Educationc. Trad	le Schoold. Junior College
***	ducational Needs		
		te: Tes No List.	
			one in unsupervised situations
-	2. Mental Deficiency	6. Potential substance al	8. Gender identity disorder
***************************************		4. Physical handicap	
-	i. Other:		
	h. Assaultiveness		
	g. Escape potential		
		Name:	

Disposition: Data Entry to Central Records, Inmate medical Record, Institutional Inmate File

Reference: ADOC AR: 612, 613 ADOC Form MH-015 - April, 2016 (Previously Form N-259) Page 4 of 4

STATE OF ALABAMA DEPARTMENT OF CORRECTIONS MENTAL HEALTH SERVICES

PSYCHIATRIC EVALUATION

Referred by:	Pafamad has	O Manual Wastel Conff	77 M- K1 C66	7.04	
Psychiatric History (impatient/outpatient/medications prescribed): Pertinent Medical History: (medication allergies) Substance Abuse History: Pertinent Personal/Family History (immate's sentence): Institutional Adjustment (current placement)	_				
Pertinent Medical History: (medication allergies) Substance Abuse History: Pertinent Personal/Family History (immate's sentence): Institutional Adjustment (current placement)	Reason for Re	eferral (Presenting Proble	:m):		
Pertinent Medical History: (medication allergies) Substance Abuse History: Pertinent Personal/Family History (immate's sentence): Institutional Adjustment (current placement)					
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Substance Abuse History: Pertinent Personal/Family History (immate's sentence): Institutional Adjustment (current placement)	Perment Med	fical History: (medication	n allervies)		
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Institutional Adjustment (current placement)					
Institutional Adjustment (current placement)	***************************************				
Institutional Adjustment (current placement)					
Institutional Adjustment (current placement)					
Institutional Adjustment (current placement)					
Institutional Adjustment (current placement)	Pertinent Pers	onal/Family History (intr	este's sentence):		
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Immate Name AIS #	Insurances:	ajustment (current porce	meut)		
Inmate Name AIS #					
Inmate Name AIS #					
Inmate Name AIS #	**************************************	No mile para esta esta de la constitución de esta del desta de la constitución de la cons		WANTED TO THE COLUMN TO THE CO	
Inmate Name AIS #					
Immate Name AIS #					
	Inmate Name				AIS#

Disposition: Inmate Medical Record

Reference: ADOC AR: 609, 613, 615, 616, 632, 633, 635, 638 ADOC Form MH-018 - April, 2016 Page 1 of 2

PSYCHIATRIC EVALUATION (Continued)

Mental Status Framination:
Appearance and Behavior:
Mood and Affect:
Speech and Language:
Thought Process:
Thought Content and Perceptions:
Cognitive Assessment:
Insight@udgement:
Suicide/Violence Risk Assessment:
Past Suicidal Ideation/Attempts (dates and methods):
Current Suicidal Ideation and Behavior:
Past Violent/AssaultiveBehavior:
Current Violent/Assaultive Ideas/Behavior:
Assessment/Diagnosis (DSM 5):
Psychosocial/Contextual Factors:
Symptom Severity: 0 1 2 3 4
Level of Disability: None Mild Moderate Severe Extreme
Plan:
Treatment Recommendations (including medications/labs ordered/special housing)
Psychiatric Follow-Up Required Within: Days
Montal Health Code: 0 1 1- 15 1- 2 24 2 2- 4 5 6 0
Mental Health Code: 0, 1, 1a, 1b, 1c, 2, 2d, 3, 3a, 4, 5, 6, 9
Psychiatrist or Nurse Practitioner Signature Date
Inmate Name: AIS #:
Disposition: Inmate Medical Record Reference: ADOC AR: 609, 613, 615, 616, 632, 633, 635, 638

Reference: ADOC AR: 609, 613, 615, 616, 632, 633, 635, 638 ADOC Form MH-018 - April, 2016 Page 2 of 2



HEALTH RECORD - MASTER PROBLEM LIST

INMATE NAME	AIS #	D.O.B.	MANAGEM AND
Known Allergies:			
 Mental Health Codes: MH-0, MH-1, MH-1-a, MH-1-b, MH-1-c, MH-1 	2, MH-2d, MH-3, M	IH-3a, MH-4, MH-5,	MH-6, MH-9
 Medical Health Care Codes: HC-1, HC-2, HC-3, HC-4, HC-5, HC-5-a, F 	iC-5-b, HC-5-с, HC-	5-d, HC-6 (with subset), HC-7
3. List Long-Term Chronic Problems (* If Asthmatic re	cord as; Mild, Moderate,	or Severe)	

4. Note DNR, Advance Directive/Living Will as obtained. Note date timed-out and/or date rescinded

Date Identified:	Provider Name:	Items: 1, 2, 3	Date Resolved:	Provider Name:	Mental Health Code	Medical Health Care Code	Item: 4. DNR, Living Will, Advance Directives
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		-					

ADOC - OHS form H-1-a 06/2008; Revised April, 2016

Annex C to AR 601